

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000140884

1. Entity Name
ANNA BANANAS & MORE, INC,



Principal Place of Business
11061 SPRING HILL DRIVE
SPRING HILL, FL 34607

Mailing Address
11061 SPRING HILL DRIVE
SPRING HILL, FL 34607



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3607861

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILSON, ERIC B
8220 NATIONAL DR
PORT RICHEY, FL 34668

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILSON, ERIC B
STREET ADDRESS 8220 NATIONAL DRIVE
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE VP
NAME WILSON, JESSICA R
STREET ADDRESS 8220 NATIONAL DRIVE
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC WILSON

03/28/07 352 688 0528

Date

Daytime Phone #